|                                                                                       |                       |                                     |                    | Application or Docket Number |       |                |                        |
|---------------------------------------------------------------------------------------|-----------------------|-------------------------------------|--------------------|------------------------------|-------|----------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  10/75-3-6-6-9 |                       |                                     |                    |                              |       |                |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                       |                                     |                    | LENTITY                      | OR    | OTHER          | THAN ENTITY            |
| TOTAL CLAIMS 52                                                                       | 30.14                 | 1. 1.1.1                            | RA                 | TE FEE                       | ]     | RATE           | FEE                    |
| FOR                                                                                   | NUMBER FILED          | NUMBEREX                            | TRA BASIC          | FEE 385.00                   | OR    | BASIC FEE      | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               | 52 minus 20           | 3                                   | 2_ xs              | 9=                           | OR    | XS18=          | 576.00                 |
| NDEPENDENT CLAIMS 2 minus 3 =                                                         |                       |                                     | ) X4               | 3= .                         | OR    | X86=           |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                       |                                     |                    | S::                          | CR    | *56U*          |                        |
| If the difference in column 1 is                                                      | .2 TOI                | AĹ                                  | OR                 | TOTAL                        | 1.346 |                |                        |
| 5-6-04 CLAIMS AS A                                                                    | MENDED - PA           | •                                   | mn 3) SMA          | LE ENTITY                    | OR    | OTHER<br>SMALL |                        |
| CLAIMS<br>REMAINING<br>AFTER                                                          | HI<br>N<br>PRE        | GHEST UMBER PRESVIOUSLY EXTEND FOR  |                    | E TIONAL<br>FEE              |       | RATE           | ADDI:<br>TIONAL<br>FEE |
| Ta;al . 52                                                                            | Minus                 | 52 =                                | xs                 | 9= 0                         | OR    | XS18=          | 0                      |
| S AMENDMENT  Total  Independent  J                                                    | Minus                 | <b>3</b> -                          | X43                | = /                          | ОЯ    | X86=           | 0                      |
| FIRST PRESENTATION OF MU                                                              | JLTIPLE DEPENDE       | NT CLAIM . [                        | +14                | ie .                         | OR    | +290=          |                        |
| OR ADDIT, FEE OR ADDIT, FEE                                                           |                       |                                     |                    |                              |       |                |                        |
| CLAIMS CLAIMS REMAINING AFTER AMENOMENT                                               | HI<br>NO<br>PRE       | GHEST JIMBER PRES VIOUSLY EXT       | ENT DAT            | ADDI-<br>TIONAL<br>FEE       |       | RATE.          | ADDI-<br>TIONAL<br>PEE |
| Total .52                                                                             |                       | 52 8                                | XSS                | )=                           | OR    | X\$18≠         |                        |
| Total S. 2. Independent Z.                                                            | Minus •••             | 3:4                                 | X43                | <u>-</u>                     | OR    | X86=           |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . +145                                 |                       |                                     |                    | i i                          | OR    | ÷290=          |                        |
| ADDIT. FEE OR ADDIT. FEE                                                              |                       |                                     |                    |                              |       |                |                        |
| (Column 1)                                                                            |                       | iumn 2) (Colu                       | mn 3)              |                              |       |                | •                      |
| CLAIMS REMAINING AFTER AMENDMENT                                                      | PRE                   | GHEST JMBER PRES VIOUSLY EXT ID FOR |                    | ADDI-<br>E TIONAL<br>FEE     |       | RATE           | ADDI-<br>TIONAL<br>FEE |
| AFTER AMENDMENT                                                                       | Minus                 | -                                   | ):S \$             | =                            | OR.   | X\$18+         |                        |
| Indep. ndent                                                                          | Minus ***.            | : =                                 | X43                | =                            | OR    | X86=           |                        |
| FIRST PRESENTATION OF MU                                                              | ILTIPLE DEPENDE       | NT CLAIM .                          |                    | <del>- </del>                |       | 300-           |                        |
| ा क्रम entry in column t is less than the                                             | e entry in column 2 w | ike "O" in column 3.                | +145               |                              | OR    | +290=.         | · · · · ·              |
| if the Highest Number Previously Pai                                                  | id For IN THIS SPAC   | E is less than 20. en               | icr "20," ADDIT, f |                              | OR    | ADDIT. FEE     |                        |